

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10388</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Margaret L Grohne  P.O. Box, Bldg., Room No., if any  Street 2639 4th St., Unit A  City Santa Monica  State California ZIP Code + 4 90405	4. Name, file number, and address of labor organization.  Name Writers Guild of America, west  Labor Organization File Number 000-078  P.O. Box, Building and Room Number, if any  Street 7000 W. Third St.  City Los Angeles  State California ZIP Code + 4 90048
5. Position in labor organization. Sr. Dir., Marketing/Member Outreach	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/15/2005</u> Date	<u>323-782-4709</u> Telephone Number

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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Independent Feature Project</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8750 Wilshire Blvd.</p> <p>City Los Angeles</p> <p>State California ZIP Code + 4 90211</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>WGAw members and employees participate along with other talent guilds in conferences and workshops organized by IFP</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Gift bag</p>
	<p>12.b. Amount. <span style="float: right;">\$75</span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Margaret Grohne

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name American Film Marketing Association

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10850 Wilshire

City Los Angeles

State California ZIP Code + 4 90024

9. Business deals with

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

WGAW members and employees participate along with other talent guilds in a market conference and events hosted by AFMA

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Thank you gift of wallet (given to all participants)

12.b. Amount.

\$80

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name IFTA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10850 Wilshire Blvd

City Los Angeles

State California ZIP Code + 4 90024

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

WGAW members and employees participate along with other talent guilds in a market conference and events hosted by AFM

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Thank you gift of Duffle Bag

12.b. Amount.

\$90